

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number U - <u>4345</u>	2. Fiscal Year Covered From: <div style="text-align: center;"> <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2004"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2004"/> </div>
3. Name and address of person filing.  Name <input type="text" value="Luther"/> <input type="text" value="H"/> <input type="text" value="Goins"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text" value="1125 West Farwell #3C"/>  City <input type="text" value="Chicago"/>  State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60626-3850"/>	4. Name, file number, and address of labor organization.  Name <input type="text" value="Actors' Equity Association"/>  Labor Organization File Number <input type="text" value="006-209"/>  P.O. Box, Building and Room Number, if any <input type="text" value="Suite 1500"/>  Street <input type="text" value="125 South Clark Street"/>  City <input type="text" value="Chicago"/>  State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60603-4037"/>
5. Position in labor organization. <input type="text" value="Business Representative"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name <input type="text" value="Phoenix Theatre"/>  Trade Name, if any: <input type="text"/>  P.O. Box, Bldg., Room No., if any <input type="text"/>  Street <input type="text" value="749 Norh Park Avenue"/>  City <input type="text" value="Indianapolis"/>  State <input type="text" value="Indiana"/> ZIP Code + 4 <input type="text" value="46202-3432"/>	7.a. Nature of Interest, Transaction, or Income.  <div style="border: 1px solid black; padding: 5px;">           Two complimentary tickets to theatre's 2004 productions.             Making sure that the Theatre/Employer adhere's to Actors' Equity Agreement/Contract rules and guidelines.         </div>  7.b. Amount.  <div style="text-align: right; margin-right: 50px;"> <input type="text" value="\$50"/> </div>

**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On    
Date Telephone Number